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** CONTINUING DATA ***** *verified LCO*

** FOREIGN APPLICATIONS ***** *none LCO*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 23	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *LCO* Examiner's Signature *LCO* Initials

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TITLE
 Male urinary incontinence sheath

FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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